-5 'n Ū

BERESKIN & PARR

Please type a plus sign (+) inside this box -> +

BOX 401, 40 KING STREET WEST, TORONTO, CANADA M5H 3Y2 PHONE (416) 364-7311 • FAX (416) 361-1398 • WWW.BERESKINPARR.COM

Under the Paperwork R	eduction /	-				PTO/SB/01 (12-97) prough 9/30/00. OMB 0651-0032 DEPARTMENT OF COMMERCE of information unless it contains		
DECLARATION FOR UTILITY OR DESIGN			Attorney Do	cket Nun	ber	9579-14/MG		
			First Named	Invento		Gary Levy		
PATENT A	PPLI	CATION		COMPLE	TE IF	KNOWN		
(37 CFR 1.63)			Application N	Application Number				
Declaration			Filing Date					
Submitted OR	Sub	claration omitted after Initi	al Group Art Un	it				
Filing	with Initial Filing (surcharge			me	Not Assigned			
Methods of Modulating the specification of whice is attached hereto OR was filed on (MM/I Application Number I hereby state that I have ramended by any amendment I acknowledge the duty to	prine subg Immun h DD/YYYY) eviewed a ent specifi	e Coagulation (Title and understand the cically referred to about	e of the Invention) as Un as amended on (MM/Di contents of the above ic ve.	nited States OYYYY) Lentified species as defined in	Applica	ation Number or PCT International (if applicable). on, including the claims, as		
Prior Foreign Application			hecking the box, any for before that of the appl	- 		cation(s) for patent or inventor's other than the United States of or patent or inventor's certificate, ority is claimed. Certified Copy Attached?		
Number(s) PCT/CA98/00475	Canada	Country	(MM/DD/YYYY) 05/15/98	Not Cl		YES NO		
	Canada 05/							
Additional foreign applica	ation num	bers are listed on a s	supplemental priority da	ata sheet P1	O/SB/0	02B attached hereto:		
I hereby claim the benefit to Application Number	under 35 l	J.S.C. 119(e) of any	United States provision	nal applicati	on(s) lis	ited below.		
60/046,537 60/061,684	(0)	15/05/97 10/10/97	(MM/DD/YYYY)	_	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
			[Page 1 of 2]					

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box \Rightarrow 📘	PTO/SB/01 (12-97) Approved for use through 9/30/00. OMB 0651-0032
Under the Paperwork Reduction Act of 1995, no persons a valid OMB control number.	Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE are required to respond to a collection of information unless it contains

DECLARATION — Utility or Design Patent Application

							☱	<u> </u>		<u> </u>	76	piloat	<u> </u>
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application.													
U	.S. Pai	ent Applicat		PC1	T Paren	nt				Par	rent Patent Number		
		- Italii	<u> </u>				<u> </u>	MMYD	D/YYYY)	┿		(if application	able)
Additional	I U.S. or	PCT internations	al applica	ation n	umbers a	re listed on	a sup	plement	tal priority data	a sheet f	TO/SE	V02B attached	l hereto.
IAs a named inv	ventor i i	harahu annaint H	ha fallou		alaka sa d .		s) to p	rosecut	e this applicat	ion and I	o trans	act all busines	s in the Peter
and trademan	COTTICE C	onnected therew	vith:	Cust	omer Nur	nber	1	059			▶ [Place Cu	stomer
				OR Regis	stered nr	actitionade)	nama	rogistre	ation number I	lated bel	}	Number B.	
				T	Regis	tration	Harrie	Pylotic	MOT HUITIDET	ISCOU DO	ow -		istration
Daniel R. Ber	Nan rockin	10		22,2	Nu	mber			Nei	me		Ň	lumber
Richard J. Pa	ודר			22,8	36				muel Frost Mendes da	Costa		31,696 33,106	
H. Roger Har David W.R. L	t anaton			26,4 27,7	26			Robei	rt B. Storey	000,0		33,108	
C. Lloyd Sarg	Inson			29,2	45			Robin	R. Rudolph L.A. Coster			38,003 38,016	
Timothy J. Si		at 111 a 1		131,0	83			l Micha	el F Charle			20,000	
		d practitioner(s)	named o	on sup	plementa	l Registered	d Pract	itioner	Information st	eet PTC	/SB/02	C attached he	reto.
Direct all corr	espond	_	Custon or Bar				105	9	OR		orresp	ondence ad	dress below
Name	Beres	skin & Parr											
Address	Box 4	`											
Address	40 Kir	ng Street We	est										
City	Toron	· · · · · · · · · · · · · · · · · · ·						July ZIP			M5H	1 3Y2	
Country	Canad					1e (416)				Fax	١,) 361-139	-
punishable by	fine or ir	Il statements ma d further that the nprisonment, or t issued thereon.	both. u	in of i ement nder 1	my own less were miles U.S.C.	mowledge a nade with th 1001 and	are tru ne kno that s	e and i wiedge uch will	that all staten that willful fa Iful false state	nents ma Use state ements r	ade on ements nay jeo	information a and the like : pardize the v	nd belief are so made are alidity of the
Name of Sc	le or F	irst invento	r:					petitio	on has been	filed fo	r this u	insigned inv	entor
Gi	ven Nar	ne (first and m	iddle [il	any))				Famil	y Name	or Su	mame	
Gary							Lev	у		•			
Inventor's Signature												Date	
Residence: City Thomhill State Ontario			Co	untry	Canada			Citizenship	Canadian				
Post Office Address 260 Henderson Avenue													
Post Office Ad	dress											.	
City	City Thornhill State Ontario ZIP			ZIP	L3T	2M2		Cou	ntry	Canada			
Additional	invento	rs are being na	amed o	n the	1 sur	plementa	l Addi	tional I	Inventor(s) s	sheet(s)	PTO/	SB/02A atta	ched hereto

eign (+) inside this box

+ PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

فيصنف السناسات		_		_							
Name of Additional Joint Inventor, if any:											
Given Name (first and middle [if any])						Family Name or Surname					
David A.					Cla	ırk					
Inventor's Signature		•			!				Dat		
Residence: City	Burlington		State	Ontai	rio	Country	Canada		Citizen		Canadian
Post Office Address	444 Smith Avenue							<u>-</u>		I	
Post Office Address								<u> </u>			
City	Burlington		State	Ontar	io	ZIP	_7R 2V1	Countr	Can	ada	
Name of Addition	nal Joint Inventor, if a	ıny:		_		A petition	on has been file	d for th	is unsig	ned in	ventor
Given Na	me (first and middle [if an	y])			T		Family Nar				
			_					·			. ,
Inventor's Signature										ate	
Residence: City			State			Country			1	nship	
Post Office Address					•				-		
Post Office Address									·		
City			State			ZIP		Coun	try		
Name of Addition	nal Joint Inventor, if a	ny:				A petitio	n has been filed	d for thi	is unsig	ned in	ventor
Given Nar	Given Name (first and middle [if any]) Family Name or Surname										
inventor's Signature									Da	nte	
Residence: City			State			Country			Citize	nship	
Post Office Address									-		
Post Office Address											
City		Sta	ate			ZIP		Co	ountry		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/02C (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
Micheline Gravelle	40,261	Robert H.C. MacFarlane	40,366
Andrew I. McIntosh	40,453	Stephen M. Beney	41,563
Shawn D. Jacka	43,379		
	1		
	•		
	·	ĺ	i
		ļ	
		i	
		1	
			ľ
			ļ
]		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



12:08 No.020 P.04

led. -

i...i. J

4

ű

Applicant or Patentes: Gary Lavy Serial or Patent No.: N/A	and David A Clark	Altorney's Docket No.; 9579-14
Serial or Patent No.: N/A Filed or Issued: N/A	THE CHAIR	
For Motherle - 124		
For Methods of Modulating January	te Congulation	
	MENT (DECLARATION) CLAYMIN R 1.9(f) and 1.27(b)) - INDEPENDE	NI IN VIANTAN
As a below named inventor, I hereb for purposes of paying reduced fee Trademark Office with regard to the	by declare that I qualify as an indep s under section 41(a) and (b) of Th invention entitled <u>Methods of Mo</u>	pendent inventor as defined in 37 CFR 1.9(c) le 35, United States Code, to the Patent and dulating humune Coagulation described in
[X] PCT application serial no	p. PCT/CA98/00475, filed May 15	i. <u>1998</u>
I have not assigned, granted, conveyed conveyed or license, any rights in the in under 37 CFR 1.9(c) if that person his business concern under 37 CFR 1.9(d) of the concern under 37 CFR 1.9(d)	ed or licensed and am under no obli- nvention to any person who could not made the invention, or to any course a nonprofit organization under 22	gation under commet or law to assign, grant, not be classified as an independent inventor concern which would not qualify as a small
Each person, concrite or organization obligation under contract or law to asset	n to which I have assigned, grants sign, grant, convey, or license any ri	
[X] persons, concerns or organ	organization vizations listed below*	
*NOTE: Suparate verified state having rights to the invention	creates are required from each nam 3 verting to their status as small or	ed person, concern or organization
ADDRESS 621 University Avenue	ogies Inc.	
[]INDIVIDUAL	[X] SMALL BUSINESS CONCERN	C4 Canada
PULL NAME	THE BUSINESS CONCURN	[] NONPROFIT ORGANIZATION
ADDRESS		
INDIVIDUAL	[] SMALL BUSINESS CONCERN	Llavoren
FULL NAME		[] NONPROPT ORGANIZATION

1) SMALL BUSINESS CONCERN [] NONPROFIT ORGANIZATION I acknowledge the duty to file, in this application or potent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which slatus as a small entity is no lunger appropriate. (37 CIR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing therem, or any patent to which this verified statement is directed.

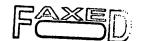
NAME OF INVENTOR

David A. Clark

ADDRESS.

[] INDIVIDUAL

Signature of Inventor



In:	NDV 09'99	12:07 No.020 P.02
Applicant or Patentee: Gary Land David A. Clark Serial or Patent No.: N/A	Atto 's D	Oocket No: <u>9579-14</u>
Piled or Issued: N/A		
For: Methods of Modulating Immune Coagulation		
VERIFIED STATEMENT (DECLARATION) CL (37 CFR 1.9(f) and 1.27 (c)) - SMALL	AIMING SMALL ENTI'I BUSINESS CONCERN	Y STATUS

Appli Serial	or Patentee: Gary Land David A. Clark Or Patent No.: N/A
Filed	or lasued: N/A
For:	Methods of Modulating Immune Congulation
	VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) and 1.27 (c)) - SMALL BUSINESS CONCERN
I here	by declare that I am
	[] the owner of the small business concern identified below: [X] an official of the small business concern empowered to act on behalf of the concern identified below:
•	NAME OF CONCERN Transplantation Technologies Inc. ADDRESS OF CONCERN 621 University August NI 10 151 To 150
	ADDRESS OF CONCERN 621 University Avenue, NU-10-151, Toronto, Ontario, M5G 2C4, Canada
Title 3 not ex average basis of directl	by declare that the above identified small business concern qualifies as a small business concern as defined in R 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of 55. United States Code, in that the number of employees of the concern, including those of its affiliates, does coed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the geover the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, y or indirectly, one concern controls or has the power to control the other, or a third party or parties controls the power to control both.
	by declare that rights under contract or law have been conveyed to and remain with the small business concern fied above with regard to the invention, entitled <u>Methods of Modulating Immune Coagulation</u> by inventors <u>Levy and David Clark</u> described in
	[] the specification filed herewith [X] PCT application serial no. PCT/CA98/00475, filed May 15, 1998 [] patent no
other t which 1.9(e).	rights held by the above identified small business concern are not exclusive, each individual, concern or zation having rights to the invention is listed below* and no rights to the invention are held by any person, han the inventor, who could not qualify as a small business concern under 37 CFR 1.9(c) or by any concern would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR *NOTE: Separate verified statements are required from each named person, concern or organization having to the invention averring to their status as small entities. (37 CFR 1.27)
VAME_	
ADDRE	
	[] INDIVIDUAL [] SMALL BUSINESS CONCERN [] NONPROFIT ORGANIZATION
NAME_	
ADDRE	
	[] INDIVIDUAL [] SMALL BUSINESS CONCERN [] NONPROFIT ORGANIZATION
	owledge the duty to file, in this application or patent, notification of any change in status resulting in loss of ment to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any nance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28 (b))
	y declare that all statements made herein of my own knowledge are true and that all statements

nade herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNINGDr. Willem Wassenaar
TITLE OF PERSON OTHER THAN OWNER Chief Operating Officer
ADDRESS OF PERSON SIGNING 621 University Ave., NU-10-114, Toronto, ON M5G 2C4
SIGNATURE DATE PLOT 9/99.

	ey's Docket No.: <u>9579-14</u>
Applicant or Patentee: Gary L. and David A. Clark	,
Serial or Patent No.: N/A	
Filed or Issued: N/A	
For: Methods of Modulating Immune Coagulation	

Por: Jylemods of Modulating Immui	ne Coagulation	
	MENT (DECLARATION) CLAIMING S R 1.9(f) and 1.27(b)) - INDEPENDENT	
for purposes of paying reduced fee	es under section 41(a) and (b) of Title 3	dent inventor as defined in 37 CFR 1.9(c) 5, United States Code, to the Patent and thing Immune Coagulation described in
l l the specification filed [X] PCT application scrial r [] patent no	herewith no. <u>PCT/CA98/00475</u> , filed <u>May 15, 19</u> , issued	998
convey or license, any rights in the under 37 CPR 1.9(c) if that person	invention to any person who could not	ion under contract or law to assign, grant be classified as an independent inventor cern which would not qualify as a smal FR 1.9(e).
liach person, concern or organizate obligation under contract or law to	ion to which I have assigned, granted assign, grant, convcy, or license any righ	, conveyed, or licensed or am under an its in the invention is listed below:
[] no such person, concern, [X] persons, concerns or or	or organization ganizations listed below*	
*NOTE: Separate verified s having rights to the inventi	tatements are required from each named ion averring to their status as small enti	d person, concern or organization ities. (37 CFR 1.27)
FULL NAME Transplantation Techn	nologies Inc.	
ADDRESS 621 University Avenu	nologies Inc. ne, NU-10-151, Toronto, Ontario, M5G 20	4. Canada
[]INDIVIDUAL	(X) SMALL BUSINESS CONCERN	[] NONPROFIT ORGANIZATION
FULL NAME		,
ADDRESS		
	L] SMALL BUSINESS CONCERN	[] NONPROFIT ORGANIZATION
FULL NAME		
ADDRESS		
[] INDIVIDUA	L [] SMALL BUSINESS CONCERN	[] NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR

Signature of Inventor